

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	6761P	4/7/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	507	12-12-00
FORMALITY REVIEW	<i>[Signature]</i>		5-5-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

> ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	10/15/00
2	10/15/00
3	10/15/00
4	10/15/00
5	10/15/00
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49	10/15/00
50	10/15/00

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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